

Case definition

Report any patient less than 18 years of age (up to their 18th birthday) presenting with a new adverse event (AE) associated with harm that the reporting physician suspects is related to virtual care.

As defined in the Canadian Virtual Care Lexicon (26), the execution of virtual care may be:

Synchronous: Use of technology to enable individuals or care teams to provide patient care in live/real time (e.g., phone, video)

Asynchronous: Use of technology to enable individuals or care teams to interact with the patient through methods that do not require real time interactions (e.g., electronic or voice messaging, patient toolkits, patient review of personal health records)

Inclusion criteria

Report ONLY the following types of AEs suspected to be related to virtual care:

Misdiagnosis: The limitations of virtual care in patient assessment results in incorrect, missed, or delayed diagnosis.

Emergency without the ability to respond: The virtual care provider identifies an emergency clinical or social situation but is not able to provide timely emergency care.

Examples

Examples of AEs are provided below to help illustrate the case definition. This list is not comprehensive and participants are encouraged to report ANY events that they feel satisfy the case definition.

Misdiagnosis:

- Lack of physical examination during virtual assessment led to:
 - Unrecognized weight loss and deterioration in patient with eating disorder, requiring hospitalization
 - Delayed diagnosis of brain tumor in patient with precocious puberty
 - Late presentation to emergency department with bilateral acute otitis media and mastoiditis in patient thought to have upper respiratory tract infection on initial virtual assessment
 - Late presentation to the emergency department requiring hospitalization and exchange transfusion for a neonate with hyperbilirubinemia not detected on initial virtual assessment
 - Late presentation of traumatic brain injury from child maltreatment in an infant with bruising, which would have triggered evaluation for maltreatment during virtual assessment for colic
- Inability to speak with adolescent in private virtually led to:
 - Late diagnosis of sexually transmitted infection and ultimately pelvic inflammatory disease
 - Lack of full disclosure of symptoms of depression and late diagnosis requiring hospitalization

Emergency without the ability to respond:

- Active suicidal ideation during virtual assessment necessitating hospital admission but inability to connect with caregivers, followed by presentation to the emergency department with acetaminophen overdose requiring treatment
- Acute clinical deterioration (e.g., hypotension, decreased level of consciousness due to progression of sepsis) recognized during virtual care encounter with no possibility of providing supportive care (and the planned virtual care delayed the patient/family seeking in-person acute care)

Exclusion criteria

- AEs not deemed to be related to virtual care
- Near miss: A patient safety incident that did not reach the patient and therefore no harm resulted
- No-harm incident: A patient safety incident that reached the patient but no discernible harm resulted
- Event due to connectivity issues that interfered with patient care but did not result in harm
- AEs related to breach of privacy